

10/507547

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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	OSL-011
First Named Inventor	Bjorn THORSTENSEN
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A SYSTEM AND METHOD FOR TRACKING INDIVIDUALS

the specification of which
 is attached hereto (*Title of the Invention*)
 OR
 was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number NO2003/000098 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.
 I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
20021435	Norway	03/21/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)			
PCT/NO2003/000098					
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <u>003897</u> → <input type="checkbox"/> Place Customer Number Bar Code Label here <u>OR</u> <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below					
Name	Registration Number	Name	Registration Number		
Thomas Schneck Mark Protsik Gina McCarthy	24,518 31,788 42,986	David M. Schneck Nissa Strottman Bradley W. Scheer Wayne Hossenlopp	43,094 52,257 47,059 55,278		
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.					
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <u>003897</u> <input type="checkbox"/> Correspondence address below					
Name	Schneck & Schneck				
Address					
Address	P.O. Box 2-E				
City	San Jose	State	CA		
Country	U.S.A.	Telephone	408/297-9733		
		Fax	408/297-9748		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle if any) <u>Bjorn</u>		Family Name or Surname <u>THORSTENSEN</u>			
Inventor's Signature	<u>Bjorn Thorstensen</u>			Date	<u>12/8/04</u>
Residence: City	Tromso	State	Country	Norway	Citizenship
Post Office Address	Alveveien 185				
Post Office Address					
City	Tromso	State	ZIP	N-9016	Country
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>3</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

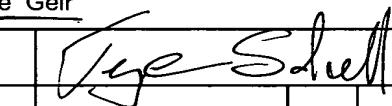
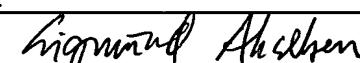
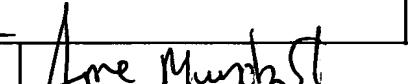
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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>Tore</u>				<u>SYVERSEN</u>			
Inventor's Signature							Date <u>12/8-04</u>
Residence: City	<u>Tromso</u>	State		Country	Norway	<u>Nox</u>	Citizenship Norway
Post Office Address	Klovervegen						
Post Office Address							
City	Tromso	State		ZIP	N-9016	Country	Norway
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>Bente</u>				<u>EVJEMO</u>			
Inventor's Signature							Date <u>12/8-04</u>
Residence: City	<u>Tromso</u>	State		Country	Norway	<u>Nox</u>	Citizenship Norway
Post Office Address	Henrik Wergelands veg 31						
Post Office Address							
City	Tromso	State		ZIP	N-9007	Country	Norway
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>Oyvind</u>				<u>JOHNSEN</u>			
Inventor's Signature							Date <u>12/8-04</u>
Residence: City	<u>Harstad</u>	State		Country	Norway	<u>Nox</u>	Citizenship Norway
Post Office Address	Trondenesveien 55						
Post Office Address							
City	Harstad	State		ZIP	N-9404	Country	Norway

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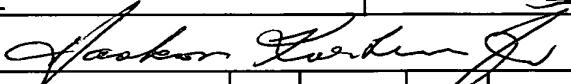
Please type a plus sign (+) inside this box → +**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 1 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Terje Geir</u>		<u>SOLVOLL</u>					
Inventor's Signature						Date <u>26/08-04</u>	
Residence: City	Tromso	State		Country	Norway <input checked="" type="checkbox"/>	Citizenship	Norway
Post Office Address	M. Urdals veg 7						
Post Office Address							
City	Tromso	State		ZIP	N-9011	Country	Norway
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Sigmund</u>		<u>AKSELSSEN</u>					
Inventor's Signature						Date <u>12/08-04</u>	
Residence: City	Harstad	State		Country	Norway <input checked="" type="checkbox"/>	Citizenship	Norway
Post Office Address	Nordmarkveien 33						
Post Office Address							
City	Harstad	State		ZIP	N-9400	Country	Norway
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Arne</u>		<u>MUNCH-ELLINGSEN</u>					
Inventor's Signature						Date <u>12/08-04</u>	
Residence: City	Tromso	State		Country	Norway <input checked="" type="checkbox"/>	Citizenship	Norway
Post Office Address	Anna Eides veg 3						
Post Office Address							
City	Tromso	State		ZIP	N-9012	Country	Norway

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>					
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Haakon</u>		<u>KARLSEN Jr.</u>					
Inventor's Signature						Date	<u>06/3-04</u>
Residence: City	<u>Lyngseidet</u>	State		Country	Norway <input checked="" type="checkbox"/>	Citizenship	Norway
Post Office Address	Ornes						
Post Office Address							
City	<u>Lyngseidet</u>	State		ZIP	N-9060	Country	Norway
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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